



Texas State Board of Dental Examiners

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Attach a 2x2
 Passport Photo
 taken within the
 last 6 months

VOLUNTEER CHARITY REQUEST FORM

Instructions: This form is intended to be used for a dentist holding a retired status and will be providing dental services to indigent or critical need populations within the state of Texas, without compensation. Submission of a fully completed application, copy of your current BLS CPR card, 1- 2x2 Passport Photo, and proof of 6 hours of continuing education taken within the last year.

Once this application is approved, a letter of authorization will be mailed to the address provided. A dentist providing services under this title must complete 6 hours of continuing education. There is no fee for the submission under this title. Allow up to two weeks for processing. **All fields are required.** An incomplete application will delay the process.

First Name		Last Name		Middle Name	
Phone Number	Retired Dental License#	Email Address			
Current Address			City	State	Zip Code

Background Information		
1. Were you ever the subject of disciplinary action in any state of jurisdiction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. For any criminal offense, including those pending appeal have you: <ul style="list-style-type: none"> • Been convicted of a misdemeanor; • Been convicted of a felony; • Received deferred adjudication; • Been placed on court-ordered probation; • Been arrested or have any pending criminal charges; • Been sentenced to service jail or prison time or court-ordered confinement or; • Been subject to a court martial; Article 15 violation; or received any form of military judgement/punishment/action 	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Are you currently the target or subject of a grand jury or governmental investigation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Has any licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, registration, or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Attestation: Initial each statement below to indicate your acceptance of the requirements of this program. Any questions regarding this application should be sent via email to licensinghelp@tsbde.texas.gov .	
1.	I may not accept remuneration for dental services offered under this exception
2.	This authorization to offer charitable services expires at the end of this calendar year. I must reapply for authorization each calendar year.
3.	I may not prescribe or administer controlled substance under the Drug Enforcement Administration Schedules I or II.
4.	I must completed six (6) hours of technical and scientific continuing education hours this calendar year and will maintain a current certification in CPR.
5.	I must execute a written agreement with the facility where I am offering services that will allow right of access to all dental records of patients I treat under this section.
6.	I will make a copy of the authorization letter available to anyone questioning or requiring proof of my authority to offer services.

I hereby attest by signature below that I have read and I understand the requirements of offering charitable dental services with a retired Texas dental license and I am qualified to offer these services. All facts presents in this application are accurate to the best of my knowledge.

_____ Signature

_____ Date